

**North Dakota State Board  
For  
Career and Technical Education**

**Application for Authorization to Operate  
Postsecondary Educational Institutions**

Enclosed are the required forms and supporting materials to apply for authorization to operate a private postsecondary institution in the State of North Dakota. These include the North Dakota Century Code, Section 15-20.04; the administrative rules pertaining to postsecondary educational institutions and a checklist of required materials.

Fees:

Initial authorization to operate:       **\$1000**

Renewal authorization to operate:       **\$500**

Submit the completed application along with required supporting materials and fee payment to:

North Dakota State Board for Career and Technical Education  
Private Postsecondary Educational Institutions  
State Capitol Building, 15<sup>th</sup> Floor  
600 E Boulevard Avenue, Department 270  
Bismarck, ND 58505-0610

**Date of Application** \_\_\_\_\_

**Institution's Identification and Affidavit**

|                          |        |      |
|--------------------------|--------|------|
| Institution Name:        |        |      |
| Address:                 |        |      |
| City:                    | State: | Zip: |
| Telephone: (      )      |        |      |
|                          |        |      |
| Director's Name:         |        |      |
| Home Address:            |        |      |
| City:                    | State: | Zip: |
| Home Telephone: (      ) |        |      |

**Institutional Ownership Information**

Complete the appropriate section according to ownership:

- ☐ Proprietorship, Complete Section A
- ☐ Partnership, Complete Section B
- ☐ Corporation, Complete Section C

**Section A – Proprietorship** (List name and home address of the proprietor)

|                     |        |      |
|---------------------|--------|------|
| Name of Proprietor: |        |      |
| Home Address:       |        |      |
| City:               | State: | Zip: |

**Section B - Partnership** (List names, titles and home addresses of all partners in the partnership. Attach additional sheet if more space is needed.)

|                 |        |      |
|-----------------|--------|------|
| Name and Title: |        |      |
| Home Address:   |        |      |
| City:           | State: | Zip: |
|                 |        |      |
| Name and Title: |        |      |
| Home Address:   |        |      |
| City:           | State: | Zip: |
|                 |        |      |
| Name and Title: |        |      |
| Home Address:   |        |      |
| City:           | State: | Zip: |

**Section C – Corporation** (List name and title of the corporate officers with their respective home addresses. Attach additional sheet if more space is needed.)

|                 |        |      |
|-----------------|--------|------|
| Name and Title: |        |      |
| Home Address:   |        |      |
| City:           | State: | Zip: |
|                 |        |      |
| Name and Title: |        |      |
| Home Address:   |        |      |
| City:           | State: | Zip: |
|                 |        |      |
| Name and Title: |        |      |
| Home Address:   |        |      |
| City:           | State: | Zip: |

## AFFIDAVIT

If the applicant institution is owned by an individual, this affidavit is to be made by that individual; if owned by a partnership, by the managing partner; if owned by a corporation, by an authorized officer.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

\_\_\_\_\_, being duly sworn deposes and says that (s)he  
Name (print or type)

is the \_\_\_\_\_ of \_\_\_\_\_  
Title of Position Held Name of Institution

Respecting which the foregoing application for license is made; that (s)he has read the foregoing application; and that the statements therein made are true to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County \_\_\_\_\_

## Attachments

Private postsecondary institutions operating in North Dakota, attach a copy of a current certificate of registration from the North Dakota Secretary of State. Initial applications; provide a copy of the organization's article of incorporation.

## Checklist of Required Documents

- \_\_\_\_\_ 1. **Application Fee:** Initial - \$1000    Renewal - \$500    Make checks payable to the North Dakota State Board for Vocational and Technical Education.
- \_\_\_\_\_ 2. **Institution's Identification and Affidavit:** Complete, sign and submit the enclosed form, notarized as indicated.
- \_\_\_\_\_ 3. **Current Financial Statement:** Submit **two** copies of a current balance sheet, income statement, and adequate supporting documentation prepared on an accrual basis by an independent public accountant or a certified public accountant. New applicants should include a projected income statement for two years of operation.
- \_\_\_\_\_ 4. **Gross Income Statement:** See Appendix A
- \_\_\_\_\_ 5. **Surety Bond:** Bond shall be in the enclosed format: use the Gross Income Statement to calculate the required amount. Renewal applicants, provide documentation of the continuing bond premium payment if the amount remains the same as the current bond.
- \_\_\_\_\_ 6. **Advertising:** Provide copies of all media advertising, promotional literature, brochures or a videotape of all promotional materials currently used or expected to be used over the next year. (See administrative rules: publicity and advertising.)
- \_\_\_\_\_ 7. **Catalogs:** Submit **two** copies of the institution's catalog. Catalogs must meet the standards specified in items 1-7 of the administrative rules. (Note: Item 7, Refund Policy, may be provided to North Dakota students separately, if not printed in the catalog.)
- \_\_\_\_\_ 8. **Accreditation:** Institutions granting associates of arts or science, bachelors, masters or doctorate degrees, provide evidence of accreditation by an organization recognized by the Council for Higher Education Accreditation. Institutions granting associate of applied science degrees, diplomas or certificates, submit evidence of accreditation by an organization recognized by the United States Department of Education.  
  
Applicants Seeking Initial Provisional Authorization: Provide the name of the accrediting agency from which the institution will seek accreditation, documentation of intent to undergo accreditation procedures, and a timetable for completion of accreditation which is reasonable and in accordance with the selected agency's procedures.  
  
Applicants Seeking Renewal Of Provisional Authorization: Provide the name of the selected accrediting agency, the primary contact person, email and street address, telephone number, a list of items accomplished towards accreditation and dates accomplished, timeline specifying month and year of accreditation benchmarks, including estimated date of site visit and target date for achieving accreditation.
- \_\_\_\_\_ 9. **Enrollment Agreement:** enclose a copy of the student enrollment contract or agreement.
- \_\_\_\_\_ 10. **Costs:** provide a detailed description of costs to be incurred by potential students and acceptable methods of payment.

\_\_\_\_\_ 11. **Administrative and Instructional Personnel:** list the names of administrative and instructional personnel and their qualifications, including degrees earned, teaching experience and occupational experience. (See administrative rules: administrative and instructional staff.)

\_\_\_\_\_ 12. **Programs:** provide a list of the specific programs offered. (See administrative rules: curriculum requirements.) For each curriculum, list the following:

- a) Entrance requirements
- b) Course objectives
- c) Subjects or units in the course
- d) Career objectives associated with completion of the course
- e) Length of the program in quarter or semester credits or in clock hours (See administrative rules)

Note: New programs require Board approval; request form from the State Board for Vocational and Technical Education.

\_\_\_\_\_ 13. **Enrollment:** for each course of instruction offered, provide the current enrollment, the maximum enrollment, and the names of current students who are residents of the state.

\_\_\_\_\_ 14. **Facilities:** provide a complete description of the institution's facilities located in North Dakota. Describe the institution's provisions for the health and safety of students, attaching copies of inspection reports required by state or federal law. Renewal applicants, enclose copies of inspection reports, as applicable.

\_\_\_\_\_ 15. **Equipment:** provide a complete list of any tools or equipment available for instruction. Provide a complete description of any equipment used for distance education delivery. Note type, quantity and age of equipment.

\_\_\_\_\_ 16. **Educational Credential:** provide a copy of the educational credential to be issued to successful graduates.

\_\_\_\_\_ 17. **Placement:** describe any placement services provided. Include a placement summary for last year's graduates, including graduation date, current employment status, employer and job title, if known.

\_\_\_\_\_ 18. **Statement of Compliance-Refund Policy:** Return the signed Statement of Compliance: Refund Policy, North Dakota Century Code 15-20.04. Enclose a copy of this policy in the format it is provided to students by the institution, or note where it is contained in the catalog or the enrollment agreement.

\_\_\_\_\_ 19. **Multiple Location Information:** If the institution operates more than one site in North Dakota, provide the following information:

1. The name, address and telephone number of any location not listed in #2, Institution's Identification and Affidavit.
2. The name, home address, and telephone number of the Administrative Director for any site not listed in #2, Institution's Identification and Affidavit.
3. Instructional staff and programs: include information as required in items 11 and 12, above, if staff and/or programs differ from information reported in items 11 and 12.
4. Include information on enrollment, facilities and equipment (see items 13-15) for any additional sites.

\_\_\_\_\_ 20. **Distance Education Requirements:** list the names of the programs intended for distance delivery, the modalities (equipment or means of delivering distance instruction) to be used for distance delivery, and the names and qualifications of those providing technical support for distance education students.

## Appendix A

### GROSS INCOME STATEMENT

The amount of the surety bond shall equal at least ten percent of the preceding year's gross income from North Dakota student tuition, fees, and other required institutional charges, except that no institution may submit a bond in an amount less than \$10,000, regardless of income. An institution may provide a bond in a greater amount than ten percent of its gross income at its own discretion. An institution whose gross income from students enrolled in North Dakota exceeds \$500,000 must submit a bond in the amount of at least \$50,000.

An institution, in each annual application for authorization to operate, must compute the amount of the surety bond and verify that the amount of the surety bond complies with this rule.

Please identify the 12 month period used to determine the institution's gross income:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month      day      year      month      day      year

Please provide the school's gross income for the past year from the following sources:

1. Tuition from students enrolled in North Dakota: \_\_\_\_\_
2. Fees, including lab, computer rental, etc. from students enrolled in North Dakota: \_\_\_\_\_
3. Other required charges received from students enrolled in North Dakota: \_\_\_\_\_
4. **Total Gross Income from students enrolled in North Dakota:** \_\_\_\_\_
5. **Ten percent of Gross Income from students enrolled in North Dakota:** \_\_\_\_\_

Applicants must bond at a minimum of \$10,000 regardless of the result of the final calculation, above. Applicants seeking an initial, provisional authorization to operate must provide a bond of at least \$10,000.



**STATEMENT OF COMPLIANCE**

**REFUND POLICY: NORTH DAKOTA  
CENTURY CODE  
15-20.4-06**

**THIS is to certify that** \_\_\_\_\_  
**(name of institution)**

**located at** \_\_\_\_\_  
**(street address)**

\_\_\_\_\_  
**(city) (state) (zip)**

**hereby declares that it will comply with the Refund Policy  
established by the state of North Dakota, as set forth in  
Chapter 15-20.4-06 (Refund of Tuition Fees).**

\_\_\_\_\_  
**Administrator signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**